BUSINESS REPORT

MONTANA HOUSE OF REPRESENTATIVES 61st LEGISLATURE - REGULAR SESSION

HOUSE JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES COMMITTEE

	Time: 9:00 am Room: 102
BILLS and RESOLUTIONS HEARD: Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Add Postponed	(PP) when appropriate:
None	
EXECUTIVE ACTION TAKEN: Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Enter P(pass) F(amended) BC(be concurred in) BCAA (be concurred in as amended): 1) ecision Packages	
PL33101 (P) PL33102(P) PL33201 (P)	
PL 33206 (P) PL33301 (P) PL33306 (P) PL33306 (P) PL33300 (P) PL33300 (P) PL33300 (P) PL33503 (P) PL3503 (P) PL3504 (P	
PL 33504 (P) NP33775 (P) PL33401(P) PL33401(P) and act) ion on op deterred ethic
COMMENTS:	The since

REP. Teresa K. Henry, Chairman

HOUSE OF REPRESENTATIVES Roll Call HEALTH AND HUMAN SERVICES SUBCOMMITTEE

DATE:	2/ 09 /09	
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NAME	PRESENT	ABSENT/ EXCUSED
REP. TERESA HENRY, CHAIR		
SEN. DAVE LEWIS, VICE CHAIR	V	
SEN. JOHN ESP		V
SEN. TRUDI SCHMIDT		
SEN. DAVID WANZENRIED	V	
REP. CAROLYN PEASE-LOPEZ	i/	
REP. PENNY MORGAN	V	
REP. DON ROBERTS		
/		

AUTHORIZED
SENATE COMMITTEE PROXY

I request to be excused from <u>joint SubCommittee</u> Committee because of other commitments. I desire to leave my proxy vote with:

Sen Dave Lewis

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT

BILL/AMENDMENT	AYE	NO
DP PL33101	×	
1 PL 33162		
11 PL 33201	×	
1 PL 33202	×	
, PL 33206	X	
1. PL 33301	×	
11 PL 33306	X	
11 PL 33 404	7	
" PL 33405	×	
11 PL 33302	X	
" PL 33410	×	
11 PL 33503	Х	
" PL 33502	Х	
1 PL 33504	X	-

DIEL/AMILIADIAILIA!	/ \	140
NF33775	X	
PL 33314 to be	X	
split into 2 D.P.		
+ action deferred now		
·		
·		

NO

AYE

Sen

(Signature)

Date 2/09/08

Montana House of Representatives Visitors' Register

ASC - H	TEALTH & HUMAN S	SERVICES	Date 1-9-09
Bill Nos.	Spc	onsør(s)	
A .	•		
	PLEASE PRINT	PLEASE PRINT	PLEASE PRINT

Name	Representing	Bill No.	Support	Oppose	Info.
Susan Holm	DPHHS				
Susan Holm TAMMY HARMON	DPHHS				-
	- 610***				
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Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.